



January 13, 2006

**Subject: Concept Note for pending RFA #386-06-06-007, entitled
"The National Integrated Program (NIP)"**

The NIP is an initiative which USAID intends to fund beginning in FY 06 to support community action on newborn, childhood and maternal health and nutrition in northern India, specifically focused in the States of Uttar Pradesh and Jharkhand. The five-year, approximately \$25-million program is focused on improving public health at the district level, and through these efforts to influence and support better national-level implementation of the National Rural Health Mission (NRHM).

The NIP will be discussed at the Pre-Solicitation Conference on January 27, 2006 in New Delhi, India. The full information concerning the conference may be found in Amendment #1 of the Pre-Solicitation Notice issued on January 9, 2006 at the USAID Mission website <http://www.usaid.gov/in/> under the "Working with Us" link.

The application will be open to U.S. and non-U.S. non-governmental organizations, foundations, firms and other legal entities that wish to consider proposing.

USAID intends to issue the final "Request for Applications" no later than May 15, 2006. Based on those applications, USAID will select and support an organization or institution for approximately five years, which would develop and implement the project through state-district consortia with other NGOs, community groups, Panchyati Raj Institutions or urban local bodies and other stakeholders identified. The successful applicant will adapt the basic RCH package to local needs, resources and priorities, benefiting from peer support and learning across the multiple sites at both states. Interested organizations are expected to determine the appropriate mechanism to deliver results such as subgrants and subcontracts, along with appropriate monitoring mechanisms. Interested organizations should also present innovative mechanisms for synergies with other donors and GOI programs.

Below is the current thinking on the program description that will be in the final RFA to be issued. USAID seeks comment from all interested parties, including those that may decide not to propose or may be ineligible to propose.

Sincerely

/s/

Marcus A. Johnson, Jr.

Regional Contracting & Agreement Officer

DRAFT PROGRAM DESCRIPTION

The NIP is an initiative intended to significantly reduce maternal, childhood and newborn morbidity and mortality in rural and (urban areas of < 100 000 population) districts of Uttar Pradesh and Jharkhand through further refinement of previous learning as well as bringing together some best practices from previous programs. The NIP will also draw on appropriate demonstration and learning sites to address key implementation questions. The NIP will rely on new learning through effective operationalization and scale up of the National Rural Health Mission (NRHM) by government. The NIP intends to emphasize those best practices that have been tested and judged acceptable for scale up. The NIP needs to have a quick start, be flexible in its approaches and be innovative. The models must also be affordable during scale up.

Over 25% of all newborn, children and maternal deaths in the world take place in India, a burden far exceeding India's share of the global population. The state of Uttar Pradesh alone has roughly the same number of newborn deaths each year as all of China. USAID intends to target two states in the north – Uttar Pradesh and Jharkhand – because these areas have poorer maternal and child health indicators compared to the national average. Although several Indian states have done remarkably well in providing child health and population/reproductive services, and under-five mortality has declined over the past 15 years at the national level, extremely slow progress has occurred in a few large, northern states. According to a recent analysis, 25 percent of all infant deaths in India occur in Uttar Pradesh alone. Additionally, USAID has significant experience in U.P and Jharkhand as well as a GOI endorsement to work in these areas.

This dreadful toll is not inevitable. Successful demonstration and learning projects in India, and national initiatives in other developing countries, have shown that very significant improvements in maternal childhood and newborn health are possible with an affordable and straightforward combination of appropriate tools, behaviors and systems.

In April 2005, the GOI launched the “National Rural Health Mission” (NRHM) to highlight the importance of health in the process of economic and social development. This initiative outlines necessary corrections in the basic health care delivery system, spells out inclusion of other determinants of good health (e.g. nutrition, sanitation, hygiene and safe drinking water), corrects regional imbalances in health infrastructure in such areas as the North and East, increases public expenditure on health, pools resources, integrates organizational structures, optimizes health manpower, decentralizes management of health programs down to the district level, promotes community participation and ownership. The impact of NRHM is to help improve access to quality health care by citizens, particularly for those residing in rural areas, the poor, women and children.

The NIP has been designed to complement and support the Government of India's commitment to improving maternal, childhood and newborn health and nutrition. USAID will place special attention on the NRHM state-level policies, resource

allocations and programs through effective introduction of best practices, which will be derived from and introduced through technical assistance.

Additionally, and as a lesser focus of the overall effort, the emphasis will be providing technical assistance at the district and block levels. The NIP will include proposals that contain innovative financing such as grants and loans to further service delivery.

Following are a list of the initiatives envisioned:

- Collect, analyze and manage a knowledge base to determine what works, especially in the Indian context, and identify best or promising practices. The NIP will work with key stakeholders to identify priority, evidence-based activities for demonstration and learning purposes, and effectively implement and analyze the demonstration and learning activities. The NIP will provide technical assistance to NRHM implementation at the district, state, and national levels, and engage in broader information dissemination, consultation, and advocacy activities at the state and national levels.
- Capacity building of health-care providers at the district and block levels. NRHM is the Government's goal to provide innovative immunization, nutrition, reproductive and neo- and post-natal services to the community. Capacity building of personnel and supervisory staff is essential to ensure efficient and reliable service.
- Monitoring. Establishing base lines, support to routine monitoring, and effective information management are key to achieving results. While the monitoring system is designed to determine key mortality and health indicators for children and mothers, it will also monitor key process measures such as effectiveness of service delivery to build in corrections when necessary. An example of monitoring to improve effectiveness could include ways to streamline administrative reporting and paperwork at the grass roots level.
- Community ownership and participation is an important principle incorporated into the design. The mobilization of communities to create demand for improved services is critical to success. Self-help groups are an important feature of this process. Community organizers at the local level, including Accredited Social Health Activists (ASHA), Self-Help Groups (SHG), Panchayat Raj Institution (PRI), and Male Multipurpose Workers (MM) serving to create demand and monitor progress, and coordination of these actors, are key elements of the program. This is a bottoms-up initiative.
- Behavior change is an important component both for beneficiaries and service delivery personnel. USAID expects to fund a communication strategy that incorporates key behavior change elements. Prototype Information, Education and Communication (IEC) materials and curriculum development activities will be created and presented to the government for appropriate use at scale.

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- Office communications and administrative costs. The NIP will meet administrative and communication costs associated with the program. It is expected that the offeror will support a head office in New Delhi, staffed with professionals in monitoring, behavior change, capacity building, liaison with the GOI and administrative support. The offeror would also be expected to support offices at the state level – Uttar Pradesh and Jharkhand.

The NIP will support:

- Cost-effective operational models that are community-focused on maternal and newborn care and are adopted by NRHM;
- Effective approaches which incorporate private provision of key maternal neonatal child health and nutrition services incorporated into NRHM (Public Private partnerships);
- Effective approaches to improve selected maternal neonatal child health and nutrition outcomes in entire districts as well as incorporating into NRHM will be a key goal;
- Models for increasing reproductive and child health service delivery to vulnerable families and groups incorporated into NRHM

The NIP will support the scaling up of best practices of promising approaches, leveraging the successes of demonstration and learning projects across a number of districts in Uttar Pradesh and all of Jharkhand. The NIP will complement other efforts that focus on health system strengthening and clinical care by USAID and others by supporting four key sets of evidence-based and prioritized interventions:

- Community mobilization, demand creation and facilitation of an enabling environment;
- Household skills building in essential maternal, childhood and newborn care and care-seeking;
- Facilitating access to skilled attendance at birth at the community and First Referral Unit (FRU) levels and effective management of pneumonia with antibiotics in the community; and
- Strengthening linkages between communities and the public and private health care systems.

The primary counterpart for this program is the Ministry of Health and Family Welfare. Other relevant ministries must be involved (at a minimum the Ministry of Human Resource Development) in the collaboration and coordination efforts. The program expects to collaborate with personnel of these ministries directly down to the community level. In this way, USAID is ensuring ownership of the NIP by both these ministries and related offices.

Full scale-up of awardee activities will take place in year three, at which point a phase-out plan will begin to be phased in. By the end of year five, the GOI will be completely phased in to take over all elements of THE NIP. The idea is to use existing platforms of NRHM to scale up successful interventions rather than designing new initiatives.